I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV971797931US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 9, 2007

FEB 0 9 2007

Signature / Nichelle (Michelle (Mich

Docket No.: 2055N(204231)

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Choong-Chin Liew

Application No.: 10/812,707

7. ppilodilo11 140... 10/072,707

Filed: March 30, 2004

For: METHOD FOR THE DETECTION OF

ALLERGIES RELATED GENE TRANSCRIPTS IN BLOOD Confirmation No.: 5409

Art Unit: 1634

Examiner: J. C. Switzer

REQUEST FOR EXTENSION OF TIME

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petitions for a five month extension of time to and including February 28, 2007 to respond to the Office Action mailed August 30, 2006.

This petition is being filed in order to ensure copendency with application being filed concurrently herewith.

In the event that a further petition for an extension of time is required to be submitted at this time, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

Please charge our Deposit Account No. 04-1105 in the amount of \$1,080.00 covering the fee set forth in 37 CFR 1.17(a)(5). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed on this application by this firm to our

10812707

Application No.: 10/812,707 2 Docket No.: 2055N(204231)

Deposit Account No. 04-1105, under Order No. 2055N(204231). A duplicate copy of this paper is enclosed.

Dated: February 9, 2007

Respectfully submitted,

Amy DeCloux

Kathleen Williams

ameen williams

Registration No.: 34,380

EDWARDS ANGELL PALMER & DODGE

LLP

P.O. Box 55874

Boston, Massachusetts 02205

(617) 439-4444

Attorneys/Agents For Applicant

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/812,707-Conf. #5409		
FEE TRANSMITTAL				Filing Date		March 30, 2004		
				First Named Inventor		Choong-Chin Liew		
For FY 2006				Examiner Name		J. C. Switzer		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1634		
TOTAL AMOUNT OF PAYMENT (\$) 1,080.00			Attorney Docket No. 2055N(204231)					
METHOD OF PAYME	NT (check all the	nat apply)						_
Check Credit Card Money Order Other (please identify):								
X Deposit Account Dep	oosit Account Numb	er: <u>04-1105</u> De	eposit Acc	ount Name: E	dwards	Angell Palmer &	& Dodge	LLP
For the above-ider	ntified deposit a	ccount, the Dir	ector is	hereby authorize	d to: (che	eck all that apply)		
x Charge fee(s	s) indicated bel	ow		Charge	e fee(s) ir	ndicated below, ex	cept for t	he filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEE	S			-		
		3 FEES	SEA	ARCH FEES	EXAM	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES						•	_ 0	Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inclu-	,						50	25
Each independent claim o	-	g Reissues)					200	100
Multiple dependent claims	S						360	180
		ee (\$)	Fee F	'aid (\$)	1	Multiple Depender		
HP = highest number of total cl	0 x	0 =			<u> </u>	Fee (\$) F	ee Paid (<u>\$)</u>
_		ee (\$)	Fee F	aid (\$)	_			
1 -21 =	0 ×	0 =		<u>u.u.(+)</u>				
HP = highest number of indepe	endent claims paid	for, if greater than	3.					
3. APPLICATION SIZE FE If the specification and d listings under 37 CFR sheets or fraction ther	rawings exceed 2 1.52(e)), the a	pplication size	fee du	e is \$250 (\$125 fe				
	Extra Sheets			dditional 50 or frac	tion there	eof Fee (\$)	<u>Fee</u>	Paid (\$)
						Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1255 Extension for response within fifth month 1,080.00							080.00	
SUBMITTED BY								

Signature	an Dellong 54849 A	Hay Declour	Registration No. (Attorney/Agent)	34,380	Telephone	(617) 439-4444
Name (Print/Type)	Kathleen Williams				Date	February 9, 2007

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Dated: February 9, 2007

(Michelle Jacobson)